

**Republic of Zambia**



**Ministry of Health**

**Western Provincial Health Office**



**CONSOLIDATED REPORT FOR  
LONG LASTING INSECTICIDE TREATED  
MOSQUITO NETS**

**2017 / 2018**

## **INTRODUCTION**

Western province is one of the 10 provinces of Zambia, located 22 degrees and 25.30 degrees east and 13.45 degrees and 17.45 degrees south. It shares 2 international boundaries – Angola in the west and Namibia in the south. It has an area of 126 386-sq kilometres (16.8% of the total land of Zambia). It consist of 16 districts namely Kalabo, Kaoma, Lukulu, Mongu, Senanga, Sesheke, Shangombo, Nalolo, Mitete, Limulunga, Mwandu, Sioma, Luampa, Nkeyema, Sikongo and Mulobezi.

Road communication is very poor in most parts of the province due to deep sandy roads, plains that are flooded during some part of the year. The general poor state of the few existing gravel roads entails that only 4 wheel drive vehicles are appropriate in Western Province. This negatively affects provision of care, delivery of logistics and transfers and patient referral systems.

### **Background**

The Zambia Malaria Elimination Strategy 2017-2021 aims at reducing the burden of malaria in the country to levels where the disease is no longer a public health problem and achieve the ultimate vision of a malaria free Zambia. One approach for malaria prevention is scaling up use of the ITNs through various channels including mass distribution campaigns to achieve universal coverage in malaria prone areas of the country.

The Ministry of Health through the National Malaria Elimination Center (NMEC) with support from partners conducted the 2017 Long Lasting Insecticide Treated Nets (LLINs) mass distribution campaign country wide.

### **Aim of the campaign**

The aim of the campaign is to achieve universal coverage (100%) by covering all household sleeping spaces and at least 80% utilization rate.

To facilitate for the mass distribution campaign, the NMEC conducted the following activities:

1. Provincial informative, Training of trainers and micro-planning exercise for provincial and district authorities
2. Sensitization of stakeholders - at provincial and district levels
3. District Training of health workers - as supervisors and trainers
4. Training of Household Registration Teams (CBV & Village Headmen) - at health facility level`

### **1. PROVINCIAL INFORMATIVE, TRAINING OF TRAINERS AND MICRO-PLANNING EXERCISE FOR PROVINCIAL AND DISTRICT AUTHORITIES**

The training of trainers (ToT) was conducted for two days at Lewanika School of Nursing and Midwifery. It was observed that Malaria was a burden in the province as it was being rated to be the first or second in morbidity and mortality rates. In-view of the above, the Chief Environmental Health Officer (CEHO) stated the vision of the Nation who has set focus on eliminating Malaria by 2021.

The CEHO stated that 2020 was said to be the year for Malaria elimination. Southern province was a sighted example where Malaria transmission was very low. He said to achieve this, the nation has focused on micro-planning in LLINs distribution, IRS, Larval source management and step D as major interventions to malaria elimination. To this effect he encouraged the participants to strengthen community sensitization in the use of LLINs.

#### **1.1 Highlights and emphasis made during training**

- i. Participants were advised to budget for LLINs to the last person in the community and address the gaps which were identified in the 2014 Mass Distribution campaign.
- ii. The facilitators highlighted on the vision, statement and goals whose focus as the NMEC is to have Malaria free in Zambia and eliminate Malaria Infections and Diseases in Zambia by 2021.
- iii. Zero reporting of clinical malaria and prevention of re-introduction of malaria transmission was also emphasized by the CEHO.
- iv. The lead facilitators from NMEC Highlighted on the importance of conducting a proper registration and community sensitization which would help in achieving our 100% coverage in LLINs distribution

- v. Data collection tools were like the registers, Forms A, B, C and D were highlighted. Tools such as stock control cards, supply vouchers, GRN, ledger cards and many more were also highlighted for the management of stores.
- vi. Micro-planning and budgeting templates were introduced and explanation done to the participants in readiness for planning. At this point, participants were advised to be in their groups to commence planning for their districts.

## **1.2 District Micro-Planning Presentation**

District presentations started at 1400 hrs the first of which was Luampa followed by Nkeyema until all the districts managed to present their micro-plans. During plenary, common lapses were detected across all the district presentation such as CBVs to be trained, budgeting on fuel and allowances for facilitators while training the health centre staff and Chairpersons. Clarity was made on training one staff and one chairperson per health facility while two CBVs will be trained per each facility. It was mention that facilitators from the district were subjected for a lunch allowance during training while drivers were not subjected to any tea break during the training.

## **1.3 Way forward**

A road map was made with districts as follows:

- a. All districts were advised to make corrections to the budgets and submissions where to be made at the end of training.
- b. Districts to conduct stakeholders meetings starting 3<sup>rd</sup> and 4<sup>th</sup> weeks of June 2017.
- c. Registration to commence immediately the copies of registers is in the district.
- d. Community sensitization to be done before, during and after registration.

## **2. DISTRICT TRAINING OF HEALTH WORKERS - AS SUPERVISORS AND TRAINERS**

In order to achieve 100% ITNs distribution coverage of the population at risk of malaria and 100% utilization of the ITNs during and after the 2017 mass insecticide-treated net (ITN) distribution campaign, the Western Provincial Health Office with support from Global funds through NMEC conducted trainings of both the health workers, Health Advisory committees, traditional leaders and Community Based Volunteers in the districts. Districts were notified when to conduct trainings so as to collaborate monitoring of the activities by PHO teams from 16<sup>th</sup> to 21<sup>st</sup> August 2017.

## **2.1 Selection criteria**

Candidates for the LLINs trainings were selected from all Health centres, the Environmental Health Technologists (EHTs), Community Health Assistant (CHA) or Health Centre In-charge if there was no EHT or CHA at that health Facility. This is aimed at ensuring that EHTs and CHAs who were the technocrats in the field take a leading role in managing the 2017 LLINs mass distribution campaign.

## **2.2 Training process in general**

During health worker training, the process of mass distribution of LLINs was explained in stages to include the following:

**Stage 1:** Planning & Preparatory stage involved Planning, coordination and preparatory activities

**Stage 2:** Household Registration, collection & validation of data

- Household registration
- Collection, validation & summarization of household registration data.

**Stage 3:** Distribution process: This include use of CBVs and LLINs allocation

### **Key highlights made**

- The understanding of key words like the meaning of household was highlighted because it was more helpful in calculating the number of nets to be given a specific household.
- Nets were to be given according to the population and not space and the formula used was made to be understood and applied correctly by participants i.e. 1 LLIN to 2 people.
- As a way forward, Districts set dates for training of Community Based Volunteers, thus requested the PHO teams to ensure that training material such as household registers were in place before commencement of community trainings.

## **3. MONITORING OF LLINS TRAININGS OF HEALTH WORKERS AND HAC**

Monitoring teams at Provincial Health Office were formed to monitor the trainings in designated routes. This activity commenced from 17<sup>th</sup> -21 august 2017. At district level, monitoring was conducted according to their schedules.

### **3.1 Purpose of the Monitoring**

The purpose of the monitoring visits was to ensure that the trainings were conducted according to standards set and contribute to the successful implementation of the 2017 mass insecticide-treated net (ITN) distribution campaign aimed at achieving 100% coverage of the population at risk of malaria and 100% utilization of the ITNs.

### **3.2 Specific objectives**

To ensure participants were trained and equipped with all necessary knowledge to conduct the following tasks:

- To visit households to count the number of household members.
- To take ITNs to the identified points of distribution 4-8 weeks after registration
- To distribute ITNs to community members based on the registration list of all eligible to receive an ITN during the mass ITN distribution for 2017. A household that is not registered would not receive a net.

### **Arrangement of training schedule**

During monitoring, it was observed that training time table was followed according to the standard time table provided by the National level. Generally, participation in all districts was very good.

## **4. TRAINING OF HOUSEHOLD REGISTRATION TEAMS (CBV & VILLAGE HEADSMEN) AT HEALTH FACILITY LEVEL**

Training of CBVs was conducted at facility level in all districts with at least two participants in attendance from each designated community. Health facility staff conducted CBV trainings in their respective health centres.

The facilities oriented the CBVs on the following topics:

- Malaria overview
- Mass LLIN distribution campaign
- Key messages on LLINs
- Introduction to tools for data collection, reporting and supervision
- Scenarios for practice on data collection and reporting

## 5. TECHNICAL SUPPORT VISIT TO DISTRICTS DURING CBV LLIN TRAINING

Provincial Health Office in company of District staff undertook support supervision to all the districts during LLIN training from 3<sup>rd</sup> to 9<sup>th</sup> September, 2017.

### 5.1 Purpose of visit

The purpose of the visit was to monitor quality of CBV trainings for LLINs in conformity to standard and provide technical support during training. This was in readiness with the planned household registration on LLIN distribution to be conducted in the community.

### 5.2 Findings

While in Mitete, the team visited Nyala HC during the training. All the targeted 14 participants were in attendance and the training was successful. The concern raised was that of inadequate form A. The district was asked to improvise the forms for the activity to start while awaiting for booklets form the NMEC, Lusaka.

During the visit to **Lukulu district**, the monitoring team found that CBV trainings were not yet set due to late acquisition of the funds for the training. However, emphasis was made to ensure that community trainings commence within a week to enable the volunteers collect household data as soon as possible.

**Kaoma district** sampled Luena and Longe Health centres during monitoring. Training was ongoing well in Luena with a total of 16 CBVs being trained, while Longe was scheduled the following day. However, by the end of training Longe HP also trained 16 volunteers in data collection at household level. By the end of trainings, a total of 480 CBVs were trained in Kaoma district:

In Nkeyema district, Kakanda HP and Namilangi RHC were visited during training. A presentation was made during the training on emphasizing on the key messages. Full participation of participants was observed during training.

## 6. LLINS STATUS

In the 2018, LLINs, Western Provincial Health Office received the LLINs from NMEC via World Food Programme with a summary of the following:

<b>Total needed</b>	782,702	100%
<b>Total procured</b>	569,250	73%
<b>Variance</b>	213,452	27%

At least 73% of the expected LLINs were received and distributed to the community beneficiaries by the trained Community Based Volunteers in each district. However distribution was not conducted as per standard due to experienced shortfalls of LLINs in some districts. However, districts and health facilities need to continuously sensitize the community on misuse of LLINs in the community.

Disposal of old and unused ITNs/LLINs in the community still remains a challenge due to insufficient guidelines and measures from national and provincial level. There is need to come up with modalities and guidelines to effectively dispose of all unused mosquito nets.

## 7. SUMMARY BUDGET FOR HEALTH FACILITIES – LLINs



A total of K 4,934,832 was received from NMEC and disbursed to the districts for the training and implementation of districts community, facility and in western province as scheduled below:

District	No. of HFs (RHC+UHC+HP)	No. of CBVs	COSTINGS					Cost for SBCC	Cost for Transportation	Total cost
			Training CBVs	Supervision DMO	Supervision HF	HH registration	ITN distribution	PA, Launch, Radio		
Kalabo	28	560	59500	11,199	15,190	196,000	196,000	15,000	14,000	310,889
Kaoma	24	480	51000	12,066	13,190	168,000	168,000	15,000	12,000	271,256
Limulunga	16	320	34000	9,781	9,190	112,000	112,000	15,000	8,000	187,971
Luampa	15	300	31875	9,294	8,690	105,000	105,000	15,000	7,500	177,359
Lukulu	21	420	44625	9,942	11,690	147,000	147,000	15,000	10,500	238,757
Mitete	8	160	17000	8,102	5,190	56,000	56,000	15,000	4,000	105,292
Mongu	32	640	68000	10,082	17,190	224,000	224,000	15,000	16,000	350,272
Mulobezi	13	260	27625	9,020	7,690	91,000	91,000	15,000	6,500	156,835
Mwandi	9	180	19125	8,616	5,690	63,000	63,000	15,000	4,500	115,931
Nalolo	17	340	36125	11,484	9,690	119,000	119,000	15,000	8,500	199,799
Nkeyema	8	160	17000	8,621	5,190	56,000	56,000	15,000	4,000	105,811
Senanga	18	360	38250	10,603	10,190	126,000	126,000	15,000	9,000	209,043
Sesheke	15	300	31875	8,470	8,690	105,000	105,000	15,000	7,500	176,535
Shangombo	10	200	21250	8,640	6,190	70,000	70,000	15,000	5,000	126,080
Sikongo	13	260	27625	9,343	7,690	91,000	91,000	15,000	6,500	157,158
Sioma	17	340	36125	9,529	9,690	119,000	119,000	15,000	8,500	197,844
Sub-total	264	5,280	561,000	154,792	151,040	1,848,000	1,848,000	240,000	132,000	4,934,832

## **MAJOR ACHIEVEMENTS**

1. Trainings were conducted at health facility level by health facility staffs
2. All the facilities managed to gather two (2) Community based volunteers per zone who are able to read and write.
3. The trainings were successful in that all the CBVs were able to use the Form A Registers and do the calculation for the LLIN allocation without challenges.
4. Data collection and registration of households were done prior to distribution of LLINs.

## **KEY CHALLENGES**

1. NMEC under-budgeted funds for health facility monitoring of registration and distribution of ITN in all district. Only one health staff per district.
2. The Form A booklets were not available during trainings
3. Mwanzi District had accommodation challenges however conducted their trainings in Sesheke district successfully.
4. The funds for CBV distribution of LLINs were withheld at national level resulting into uncoordinated time of LLIN distribution in the districts.
5. Some of the beneficiaries did not receive ITNs due non-availability of NRCs by some citizens in border districts such as Shangombo district during distribution period
6. Delayed retirement of LLINs funds by some districts

## **RECOMMENDATIONS**

1. The NMEC should ensure verifying the budgets before sharing with the provinces to avoid concerns of under budgeting.
2. The NMEC should ensure that all data collection tools such as form A booklets are made available prior to training and data collection period
3. Adequate sensitization is required in all districts especially border areas to avoid shortfalls in LLIN due to registration of on clients twice or not having NRCs.
4. All districts to ensure timely retirement of disbursed funds and report writing to provincial and national level to enable effective planning at national level.

